

# REQUEST FOR NCIC (BACK GROUND) CHECK

TO BE COMPLETED BY REQUESTOR (18 AND OVER)

LAST NAME	SUFFIX	FIRST	MIDDLE
-----------	--------	-------	--------

AKA/ALIAS

FULL SOCIAL SECURITY NUMBER

GENDER:    M    F

DATE OF BIRTH (mmddyy)

## AGE

DRIVERS LICENSE STATE

DRIVERS LICENSE NUMBER

## STATES RESIDED IN THE PAST 7 YEARS

NAME OF GRADUATING SOLDIER

UNIT/ORGANIZATION OF GRADUATING SOLDIER

SIGNATURE OF REQUESTOR

ADDITIONAL INFORMATION:

REASON FOR REQUEST: To maintain positive control of contractors, visitors and guests within the installation.

NOTICE: Authority under title 44 U.S. Code. The information contained on this request is intended for the sole purpose of the requestor to ensure contractors, visitors and guests are in compliance with Directive – Type Memorandum (DTM) 09-012, interim Policy Guidance for DoD Physical Access control. Information is mandatory to enable the issue of a Fort Jackson DIBIDS card or Pass and will be secure until no longer needed at which time it will be destroyed in accordance with policy and directives.